



**1st Annual Nanaimo Timberman  
Mac Maude Memorial Golf Tournament  
Registration Form**

Team Name: \_\_\_\_\_

Player #1 (Main Contact\*\*): \_\_\_\_\_

Player #2: \_\_\_\_\_

Player #3: \_\_\_\_\_

Player #4: \_\_\_\_\_

\*\*Address: \_\_\_\_\_

\*\*Postal Code: \_\_\_\_\_

\*\*Home Phone: \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

- Paying by:
- Cash
  - Cheque
  - Visa (Number: \_\_\_\_\_ Expiry \_\_\_\_\_)
  - MasterCard (Number: \_\_\_\_\_ Expiry \_\_\_\_\_)

Please forward Registration Form with payment to: **Nanaimo Sr. B Timberman**  
4621 Bates Road  
Nanaimo, BC V9T 3C2